MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1950

CERTIFICATE OF DEATH

12138

Reg. Dist. No. 1810

1. PLACE OF DEATH:

County: HARFORD

City or town: ABERDEEN – RURAL
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 11 weeks

Hospital, institution, or street address where death occurred:
ABERDEEN – RURAL

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: MD. County: HARFORD

City or town: ABERDEEN – RURAL
(If outside city or town limits, write RURAL and give nearest town)

Street No. NEAR WAGMAN GRAVEL PIT
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: ALVIN LLOYD BARE

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	SINGLE

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): OCT. 6, 1946

8. AGE: Years | Months: 2 | Days: 15 | If less than one day: hrs. min.

9. Birthplace: Aberdeen, Harford Co., Md.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business

FATHER
12. Name: Alvie P. Bare
13. Birthplace: North Carolina

MOTHER
14. Maiden name: Rachel Brooks
15. Birthplace: Maryland

16. Informant: Mr. Alvie P. Bare
Address: Aberdeen, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 23, 1946 (month) (day) (year)

Cemetery or crematory: St. Ursan's

Location: Forest Hill, Md.

18. Funeral director: Henry Tarring & Sons

Address: Aberdeen, Md.

19. Dec. 23 1946 (Date rec'd by registrar) Nellie D. Riley Registrar

MEDICAL CERTIFICATION approx

20. DATE OF DEATH: Dec. 21 1946, at 3 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death: ACCIDENTAL ASPHYXIA	
Due to: ASPIRATION OF FOOD	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ACCIDENT Date of: 12/21/46

Where did injury occur? Aberdeen (City or town) Harford (County) Md. (State)

Injured at home, farm, industry, public place (where?): Home

Means of injury: aspiration of food Injured at work?

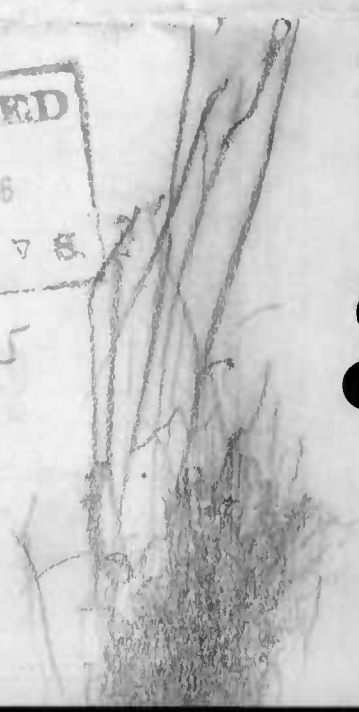
23. SIGNATURE: J. H. Lammey M. D.
Deputy Medical Examiner or other

Address: Aberdeen, Md. Date signed: 12/21/46

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

12133

Reg. Dist. No. 180

1. PLACE OF DEATH:

County: Harford

City or town: Edgewood
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:
Station Hospital, Edgewood Arsenal, Md.

How long in hospital or institution? Dead on admission

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Baltimore

City or town: ~~Baltimore~~
(If outside city or town limits, write RURAL and give nearest town)

Street No. 8110 Philadelphia Road
(If rural, give LOCATION)

2.(a) If veteran, name war: World War I

3. (a) FULL NAME: STEWART B. BARNHART

3. (b) Social Security Number: 220-20-7628

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Mary E. Barnhart

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): September 22, 1894

8. AGE: Years	Months	Days	If less than one day
52	2	21	....hrs. ....min.

9. Birthplace: Danville, Penna.
(Town, county, and state)

10. Usual occupation: Foreman

11. Industry or business: Mechanical Shop, Edgewood Ars.

FATHER
12. Name: Ulyssis G.
13. Birthplace: Danville Pa.

MOTHER
14. Maiden name: Mary E. Lockhuff
15. Birthplace: Danville Pa.

16. Informant: Mrs. Moats
Address: Employee Relations

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/17/46 (month) (day) (year)

Cemetery or crematory: Oak Lawn

Location: 7225 Eastern Ave.

18. Funeral director: Clarence E. Hoffmann

Address: 1639 Broadway

19. Dec. 16 1946 (Date rec'd by registrar) P. W. Holland Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 13 December 1946 at 1:15 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Coronary occlusion, acute.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

Edwin L. Brackney

23. SIGNATURE: EDWIN L. BRACKNEY, Colonel, MC
M. D. or other

Address: Edgewood Arsenal, Md. Date signed: 13 Dec 46.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

★ 12140

Reg. Dist. No. 1820

1. PLACE OF DEATH:
County: Harford
City or town: Bel Air
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 4 hours
Hospital, Institution, or street address where death occurred:
Fountain Green Hospital
How long in hospital or institution? 4 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Mokkton rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Houcks Mill Road
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: John Charles Baugher

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	S

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): November 30, 1946

8. AGE: Years | Months | Days | If less than one day: 9 hrs. min.

9. Birthplace: Monkton, Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business:

FATHER
12. Name: Gideon T Baugher
13. Birthplace: Baltimore

MOTHER
14. Maiden name: Grace Compale
15. Birthplace: Canastota New York

16. Informant: Gideon Baugher
Address: Monkton Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/2/46 (month) (day) (year)
Cemetery or crematory: Jarrettsville Cem-
Location: Jarrettsville Md
18. Funeral director: Marlin Hurst
Address: Jarrettsville Md

19. 12/1 19 46 (Date rec'd by registrar) Priscilla Fowood Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 1, 1946 19 , at 3 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 30, 1946 19 , to Dec. 1, 1946 19
and that I last saw him alive on Nov. 30, 1946 19

Immediate cause of death	DURATION
Prematurity	9 hours
(6 months pregnancy)	
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Robt A. Bath M.D.
M. D. or other
Address: Forest Hill, Md. Date signed: Dec. 1, 1946

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-35

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

12141

Reg. Dist. No. 1857

1. PLACE OF DEATH:
County Harford
City or town Harmony Hill Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day
Hospital, institution, or street address where death occurred
Harford Mem. Hosp
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Harford
City or town Bel Air, Md Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Mary Bratton

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Married

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 1 - 1946

8. AGE: Years | Months 3 | Days | If less than one day hrs. min.

9. Birthplace Harford Co Rural Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Raby Bratton
13. Birthplace Va

MOTHER
14. Maiden name Elsie Smith
15. Birthplace N.C

16. Informant Raby Bratton
Address Bel Air, Md RD

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 7 1946 (month) (day) (year)

Cemetery or crematory Mt Zion
Location Fountain Green Harford Co Md

18. Funeral director Dean & Lentz
Address Bel Air Md

19. Dec. 5 1946 (Date rec'd by registrar) C. L. Lewis M. D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/5 1946, at 8:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/4 1946, to 12/5 1946
and that I last saw h.. alive on 12/5 1946

	DURATION
Immediate cause of death Bronchopneumonia	2 day
Due to	
Due to	
Other conditions Mongolian Idiocy (Include pregnancy within 3 months of death)	

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dudley Phillips M.D. M. D. or other
Address Harford Mem. Hosp Date signed 12/5/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-A)

CERTIFICATE OF DEATH

12142 P

Reg. Dist. No. 1820

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Harford
City or town Magnolia
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County
City or town Magnolia
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Miss Addie Brown

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
75			hrs. min.

9. Birthplace Calvert Co. Md (Town, county, and state)
10. Usual occupation None
11. Industry or business
FATHER 12. Name Unk
13. Birthplace "
MOTHER 14. Maiden name Elizabeth Brown
15. Birthplace Md
16. Informant Agnes Waters
Address Magnolia Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan. 4-47 (month) (day) (year)
Cemetery or crematory Mt. Auburn
Location
18. Funeral director James A Sayers
Address 1142 W. Hill St.
19. 1/3 47 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 31 1946, at 12:45 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 29 1946, to Dec 31 1946
and that I last saw her alive on Dec 31 1946

	DURATION
Immediate cause of death: Cerebral hemorrhage	2 days
Due to: hypertension	Years?
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured of home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE Fred O Hodson M.D.
M. D. or other
Address Edgewood, Md Date signed 12-31-46

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(131)

12143

Reg. Dist. No. 185-

1. PLACE OF DEATH:
County: HARFORD
City or town: HAVRE de GRACE
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 mos
Hospital, Institution, or street address where death occurred:
118 ST. JOHN ST
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MD. County: HARFORD
City or town: HAVRE de GRACE
(If outside city or town limits, write RURAL and give nearest town)
Street No. 118 ST. JOHN ST.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: CARL VANBUREN BURKE

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	Single

6.(b) Name of husband or wife: —
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): 3/5/46

8. AGE: Years: — Months: 9 Days: 14 If less than one day: ..... hrs. ..... min.

9. Birthplace: Havre de Grace, Md. (Town, county, and state)

10. Usual occupation: none

11. Industry or business:

FATHER
12. Name: William O. Burke
13. Birthplace: Cecil Co. Md.

MOTHER
14. Maiden name: Emeline Durbin
15. Birthplace: Havre de Grace

16. Informant: Emeline D. Burke (mother)
Address: 118 St. John St. Havre de Grace

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12/20/46 (month) (day) (year)
Cemetery or crematory: St. James
Location: Havre de Grace, Md.

18. Funeral director: Pennington & Son
Address: Havre de Grace Md.

19. Dec. 20 1946 (Date rec'd by registrar) A. L. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 19 1946, at 10:15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death: ACCIDENTAL BURNS	
PARTIAL CARBONIZATION	
Due to:	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.:
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ACCIDENT Date of: 12/19/46
Where did injury occur: HAVRE de GRACE (City or town) HARFORD (County) Md. (State)
Injured at home, farm, industry, public place (where?): HOME
Means of injury: FIRE IN HOME Injured at work? No

23. SIGNATURE: J. H. Lamney M.D.
Dep. Md. Examiner M. D. or other
Address: Aberdeen, Md. Date signed: 12/20/46

VS A15 9.45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 7(a)

12144

CERTIFICATE OF DEATH

Reg. Diat. No. 1810

1. PLACE OF DEATH:

County: Harford

City or town: Aberdeen

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 72 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Aberdeen Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Baltimore St Ext

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: John C. Caponiti

3.(b) Social Security Number: 230-02-0068

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of ~~husband~~ wife: Cater L. Mouldsdale

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): March 20 - 1874

8. AGE:	Years	Months	Days	If less than one day
	72	6 9		..... hrs. ..... min.

9. Birthplace: Aberdeen Harford Co. Md (Town, county, and state)

10. Usual occupation: Butcher

11. Industry or business: Retired

FATHER 12. Name: Joseph Caponiti

FATHER 13. Birthplace: Harford Co. Md

MOTHER 14. Maiden name: Elvira Yarish

MOTHER 15. Birthplace: Unknown

16. Informant: Mrs. Mary C. Caponiti

Address: Aberdeen Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 19 - 1946 (month) (day) (year)

Cemetery or crematory: Bakers

Location: Aberdeen Md.

18. Funeral director: Henry Tarring Sons.

Address: Aberdeen Md.

19. Dec. 18 1946 (Date rec'd by registrar) Nellie H. Riley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 16th 1946, at 7:05 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 12 1946 to Dec 16 1946

and that I last saw ~~him~~ her alive on Dec 16 - 46 1946

Immediate cause of death	DURATION
Coronary Accident	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Harve de Grace Md Date signed 12-16-46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

12145

Reg. Diat. No. 1810

1. PLACE OF DEATH:

County: Harford

City or town: Clubrchville – Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 mos

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residonco of mother)

State: Unknown County: Unknown

City or town: Unknown
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: Unknown

3. (a) FULL NAME EARL HARRIS CASHMAN

3. (b) Social Security Number 204-01-4042

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single Unknown

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
About 46			..... hrs. ..... min.

9. Birthplace: Unknown
(Town, county, and state)

10. Usual occupation: Day Laborer

11. Industry or business

FATHER
12. Name: Unknown
13. Birthplace: Unknown

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown

16. Informant: Unknown

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 9-1946 (month) (day) (year)

Cemetery or crematory: Harford Cem. Bond

Location: Near Bel Air

18. Funeral director: Henry Fanning Sons

Address: Aberdeen Md

19. Dec 9 1946 (Date rec'd by registrar) Nellie F. Riley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 2 1946 at 7:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Coronary Occlusion	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. T. Ramsey M.D
Deputy Medical Examiner or other

Address: Aberdeen, Md Date signed 12/2/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12146/1820
Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Harford
City or town: Bel-air Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 26
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Harford
City or town: Rural - Bel Air
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Fountain Green
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3.(a) FULL NAME: BURRUS CHEEK

3.(b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widower
6.(b) Name of husband or wife: Della Cheek
6.(c) If alive, give age
7. Birth date of deceased (mo., day, yr.): March 1, 1866
8. AGE: Years: 80 Months: 8 Days: 8 If less than one day: hrs. min.
9. Birthplace: Allegheny Co - N.C.
(Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Crop
FATHER 12. Name: Unknown
13. Birthplace
MOTHER 14. Maiden name: Unknown
15. Birthplace
16. Informant: Mrs. Lee Cheek
Address: Bel-air, Md R D
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 11 1946 (month) (day) (year)
Cemetery or crematory: Mt Zion Cem
Location: Harford Co, Md,
18. Funeral director: H & E Bailey
Address: Darlington Md
19. 12/9 1946 (Date rec'd by registrar) Priscilla Fawood Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 8 1946, at M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 7 1946, to Dec 8 1946
and that I last saw him alive on Dec 8 1946

	DURATION
Immediate cause of death: LOBAR PNEUMONIA	4 days
CHR. MYOCARDIAL DISEASE	?
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Willard P. Hudson M. D. or other
Address: Forest Hill Md Date signed: 12/9/46

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

12147

Reg. Dist. No. 1810

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Harford

City or town: Aberdeen

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Aberdeen Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. E Bel Air Ave

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: Walter G. Christy

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: Elizabeth Giles

6.(c) If alive, give age: 39 years

7. Birth date of deceased (mo., day, yr.): April 22-1909

8. AGE:

Years	Months	Days	If less than one day
37	6		...hrs. ...min.

9. Birthplace: Harford Co Spesutia Island (Town, county, and state)

10. Usual occupation: Day Laborer

11. Industry or business: Aberdeen Proving Ground

MOTHER FATHER

12. Name: Robert L. Christy

13. Birthplace: Harford Co.

MOTHER

14. Maiden name: Sarah Christy

15. Birthplace: Harford Co. Md

16. Informant: Mrs. Walter G. Christy

Address: Aberdeen md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 7-1946 (month) (day) (year)

Cemetery or crematory: Union M. E.

Location: Near Aberdeen Md

18. Funeral director: Henry Jarrett Sons

Address: Aberdeen Md

19. Dec. 7 1946 (Date rec'd by registrar) Nellie F. Riley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 4 1946 at 10:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1946 to Dec 4 1946 and that I last saw h... alive on Dec 2 1946

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to Hypertensive essential cardio vascular disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ...Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: ...Injured at work?

23. SIGNATURE: G B Jarrett M D (M. D. or other)

Address: Aberdeen ...Date signed 12-6-46

MARYLAND STATE DEPARTMENT OF HEALTH

12148

2411 N. Charles St., Baltimore (46a)

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH:
County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred: 511 Warren St
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Harford
City or town: Havre de Grace Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. 511 Warren St
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Hiram Elisha Coburn

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife: Daisy V. Coburn
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): April 2, 1870

8. AGE: Years 66 | Months 8 | Days 17 | If less than one day — hrs. — min.

9. Birthplace: Harford Co. Md. (Town, county, and state)

10. Usual occupation: Plant Superintendent

11. Industry or business: Havre de Grace Water Works

FATHER
12. Name: Hiram C. Coburn
13. Birthplace: Md.

MOTHER
14. Maiden name: Lydia Cox
15. Birthplace: Md

16. Informant: Mrs. Mattie Buckley
Address: 511 Warren St. Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 21, 1946 (month) (day) (year)
Cemetery or crematory: Grove
Location: Aberdeen, Md.

18. Funeral director: R. Madison Mitchell
Address: Havre de Grace, Md.

19. 12-21 1946 (Date rec'd by registrar) A. L. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 19 1946 at 3 A. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 11-6 1946, to Dec. 19 1946
and that I last saw him alive on Dec. 18 1946

	DURATION
Immediate cause of death: Carcinoma of Oesophagus and metastases both lungs	
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: A. L. Lewis M.D. M. D. or other
Address: Havre de Grace Md Date signed 12-21-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

1-35

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

12149

Reg. Dist. No. 1250

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 days

Hospital, institution, or street address where death occurred: Harford Memorial Hosp.

How long in hospital or institution? 2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Aberdeen

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME William H Ennis

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	S

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Feb. 25 1878

8. AGE: Years	Months	Days	If less than one day
68			..... hrs. ..... min.

9. Birthplace: Washington D C (Town, county, and state)

10. Usual occupation: Painter

11. Industry or business

FATHER 12. Name: Henry J. Ennis

13. Birthplace: Washington D C

MOTHER 14. Maiden name: Clara A. Emerson

15. Birthplace: Washington D.C.

16. Informant: Mrs. W. H. Ennis

Address: Aberdeen Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof Dec 24 46 (month) (day) (year)

Cemetery or crematory: Mt Olivet

Location: Washington D.C.

18. Funeral director: Henry Tommy Ennis

Address: Aberdeen Md

19. Dec. 24 1946 (Date rec'd by registrar) G. L. Lewis no. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/22 1946, at 3:07 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/20 1946 to 12/22 1946 and that I last saw h... alive on 12/22 1946

Immediate cause of death	DURATION
Cerebral Hemorrhage	2 days
Due to	
Due to	
Other conditions: Pneumonia, Frozen feet	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Dudley Phillips MD M.D. or other

Address: Harford Mem. Hosp. Date signed 12/25/46

1-35

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (87a)

CERTIFICATE OF DEATH

★ 12150

Reg. Diat. No. 1857

1. PLACE OF DEATH:
County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: 819 Adams St.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
Street No. 819 Adams St
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME Henretta French

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Aug. 10, 1892

8. AGE: Years	Months	Days	If less than one day
54	4	16	— hrs. — min.

9. Birthplace: Havre de Grace, Md (Town, county, and state)
10. Usual occupation: House Work
11. Industry or business:
FATHER 12. Name: Frank Holmes
13. Birthplace: Md.
MOTHER 14. Maiden name: Harriett French
15. Birthplace: Md.
16. Informant: Mrs. Esther Barnes
Address: 819 Adams St. Havre de Grace Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 29 1946 (month) (day) (year)
Cemetery or crematory: St. James
Location: Havre de Grace Md.
18. Funeral director: P. Madison Mitchell
Address: Havre de Grace Md.
19. Dec. 29 1946 (Date rec'd by registrar) C. F. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 26 1946, at 8 45 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 26 1946 to Dec. 26 1946 and that I last saw h.er alive on Dec. 26 1946

Immediate cause of death	DURATION
Cardiac hemorrhage	1 day
Due to: Hypertension (Essential)	5 yrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Lee Wallace MD (M. D. or other)
Address: Havre de Grace Date signed: 12/27/46

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (47-2)

CERTIFICATE OF DEATH

12151

Reg. Dist. No. 18 | 0

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:
County: Harford
City or town: Aberdeen
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 75 yrs
Hospital, Institution, or street address where death occurred: 16 Bel Air Ave., extended
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Harford
City or town: Aberdeen
(If outside city or town limits, write RURAL and give nearest town)
Street No.: 16 Bel Air Ave., extended
(If rural, give LOCATION)
2.(a) If veteran, name war: None

3.(a) FULL NAME: Emily C. Gosweiler

3.(b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: William L. Gosweiler
6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): January 15, 1868

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
78	10			

9. Birthplace: Harford Co. Md. (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
FATHER 12. Name: George Smith
13. Birthplace: Germany
MOTHER 14. Maiden name: Mary Burkley
15. Birthplace: Germany
16. Informant: 16 Earl Gosweiler
Address: Aberdeen, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 13, 1946 (month) (day) (year)
Cemetery or crematory: Bakers
Location: Aberdeen, Md.
18. Funeral director: Henry Jarrings & Sons
Address: Aberdeen, Md.
19. Dec. 11 1946 (Date rec'd by registrar) Nellie F. Tilley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 10, 1946, at 10:40 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 3 1945, to Dec 10 1946 and that I last saw h[illegible] alive on Dec 8 1946

Immediate cause of death	DURATION
Bronchial Pneumonia	
Due to Carcinoma of lung	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____
Autopsy results: ____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury: ____ Injured at work?

23. SIGNATURE: C. Steere MD M. D. or other
Address: Harford Road Md Date signed 10-11-46

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (135-P)

12152

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
County: Harford
City or town: Belair
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Belair
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Vale Road
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Sarah F. Green

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, ~~married, widowed, or divorced~~
Female	White	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): January 27 1865

8. AGE: Years: 81 Months: Days: If less than one day: hrs. min.

9. Birthplace: Baltimore (Town, county, and state)

10. Usual occupation:

11. Industry or business: None

FATHER
12. Name: James Green
13. Birthplace: England

MOTHER
14. Maiden name: Sarah F. Robinson
15. Birthplace: Rode Island

16. Informant: John F. Ross Jr
Address: Vale Road

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 1st 1947 (month) (day) (year)
Cemetery or crematory: Greenmount Cem
Location: Baltimore Md.

18. Funeral director: John G. Maran
Address: 3000 E Baltimore St

19. 12/30 1946 Pricilla Foxwood
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/30/46 19 at 4 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 30 1930, to Dec 30 1946
and that I last saw h.. alive on Dec 29 1946

Immediate cause of death	DURATION
Acute urinary retention,	
Due to: Age	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: W. H. Hopkins M. D. or other
Address: Belair Md. Date signed: 12/31/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9.45-15M

1 - 35

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-21)

CERTIFICATE OF DEATH

12153

Reg. Dist. No. 186-0

1. PLACE OF DEATH:

County: Harford

City or town: Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 + days

Hospital, institution, or street address where death occurred:

Harford Mem Hosp

How long in hospital or institution? 3 + days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Harford

City or town: Street

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Hattie P Hall

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	C	W

6.(b) Name of husband or wife: Charles Hall

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Unknown 1874

8. AGE: Years: 72 | Months | Days | If less than one day: ..... hrs. ..... min.

9. Birthplace: Pa.
(Town, county, and state)

10. Usual occupation: None

11. Industry or business:

FATHER 12. Name: Unknown

13. Birthplace

MOTHER 14. Maiden name

15. Birthplace

16. Informant: Have De Grace Hosp record

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 22 1946 (month) (day) (year)

Cemetery or ~~cremation~~: Chestnut Grove Cem.

Location: Rocks Md.

18. Funeral director: Hubert P. Hankins

Address: Delta, Pa.

19. Dec. 19 1946 (Date rec'd by registrar) C. L. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/18 19 46 at 11:35 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/14 19 46 to 12/18 19 46 and that I last saw h... alive on 12/18 19 46

Immediate cause of death	DURATION
Cerebro Sclerosis C-V dis	2 or 3 mo
Due to	final Stage
Due to	
Other conditions: Fract. L. Ft. Femur Cystitis Joint - Concurred	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Bradley Bluelyn M.D.

M. D. or other

Address: Harford Mem Hosp Date signed 12/19/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1-35

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

12154

Reg. Diat. No. 185-

1. PLACE OF DEATH:
County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 15 yrs
Hospital, Institution, or street address where death occurred:
Fountain St.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Fountain St.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Annie Learie Helm

3.(b) Social Security Number: —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	Married

6.(b) Name of husband or wife: Joseph B. Helm
6.(c) If alive, give age: 5-4 years

7. Birth date of deceased (mo., day, yr.): Feb. 5, 1904

8. AGE: Years	Months	Days	If less than one day
42	10	8	— hrs. — min.

9. Birthplace: Va (Town, county, and state)
10. Usual occupation: House Wife
11. Industry or business:
FATHER 12. Name: Henry Green
FATHER 13. Birthplace: Va
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Va
16. Informant: Joseph Burnett Helm
Address: Fountain St. Havre de Grace Md.
17. Burial (Burial, cremation, or removal, Which?) Date thereof Dec. 16 1946 (month) (day) (year)
Cemetery or crematory: St James
Location: Havre de Grace Md.
18. Funeral director: P. Madison Mitchell
Address: Havre de Grace Md.
19. Dec. 16 1946 (Date rec'd by registrar) C. F. Lewis M. D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 13 1946, at 4:30 A. M.
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Dec 11 1946, to Dec. 13 1946
and that I last saw h.. alive on Dec. 13 1946

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Hypertension	
Arteriosclerosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Charles J. Foley M. D. (M. D. or other)
Address: Havre de Grace Md. Date signed 12/15/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

★ 12155

Reg. Dist. No. 1830

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County Harford Co.

City or town Jarrettsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 months

Hospital, Institution, or street address where death occurred: Baldwin Mill Rd.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Harford

City or town Fallston Md. (If outside city or town limits, write RURAL and give nearest town)

Street No. Baldwin Mill Rd. (If rural, give LOCATION)

2.(a) If veteren, name war

3.(a) FULL NAME Sarah A. Holehan

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife John E. Holehan

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Nov. 24th 1875

8. AGE: Years	Months	Days	If less than one day
71	11		..... hrs. ..... min.

9. Birthplace Balto. Md. (Town, county, and state)

10. Usual occupation at home

11. Industry or business

FATHER 12. Name James R. Kearney

13. Birthplace Balto. Md.

MOTHER 14. Maiden name Sarah A. Collison

15. Birthplace Balto. Md.

16. Informant Mrs. Gilbert Mercer

Address Fallston P.O.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/14/46 (month) (day) (year)

Cemetery or crematory St. Vincents

Location Balto. Md.

18. Funeral director Lassahn Funeral Home

Address ~~Fallston P.O.~~ Balto. 6 Md.

19. Dec. 14 1946 Thomas R. Brown (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 11th 1946 at 11:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 8, 1943 to Dec. 11 1946 and that I last saw her alive on Dec. 11 1946

	DURATION
Immediate cause of death Congestive Heart Failure	1 Mo.
Due to Arterio Sclerotic Heart Disease	2 Yrs.
Due to Diabetes Mellitus	3 Yrs.
Other conditions Gangrene L.F. Foot	1 wk.

(Include pregnancy within 3 months of death)

Major findings of operation

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Clifford F. Hudson M.D. M. D. or other

Address Fork Md. Date signed 12/11/46

2-35

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

Reg. Dist. No. 12156 186-0

1. PLACE OF DEATH:

County: HARFORD

City or town: HAVRE DE GRACE
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 1/2 days

Hospital, institution, or street address where death occurred:
HARFORD MEMORIAL HOSPITAL

How long in hospital or institution? 2 1/2 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Aberdeen Md
(If outside city or town limits, write RURAL and give nearest town)

Street No. 122 Osborn Road
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: Gen. Ulysses GRANT JOHNSON Johnston

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife: Susan F. Jones

6.(c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): March 2 - 1864

8. AGE:

Years	Months	Days	If less than one day
82	9		...hrs. ...min.

9. Birthplace: Ohio
(Town, county, and state)

10. Usual occupation: Clergyman

11. Industry or business: Retired

FATHER
12. Name: Unknown
13. Birthplace: Ohio

MOTHER
14. Maiden name: Unknown
15. Birthplace: Ohio

16. Informant: Mrs. U. Grant Johnston

Address: 122 Osborn Road Aberdeen Md

17. Removal (Burial, cremation, or removal. Which?) Date thereof Dec. 29 - 1946 (month) (day) (year)

Cemetery or crematory: Newton

Location: Newton P.O.

18. Funeral director: Henry T. Young Sons

Address: Aberdeen Md

19. Dec. 24 19 46 (Date rec'd by registrar) C. F. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 23 1946, at 5:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 20 1946, to Dec 23 1946 and that I last saw him alive on Dec 22 1946

Immediate cause of death	DURATION
Acute Congestive Heart Failure	
Due to: Hypertensive Cardio-Vascular Disease	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: J. H. Lamney M.D.
M. D. or other

Address: Aberdeen, Md Date signed: Dec 23 1946

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (32)

CERTIFICATE OF DEATH

Reg. Dist. No. 12157 8 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH:

County: Harford

City or town: Perryman
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 63 yrs

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Perryman Rd
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Perryman Rd
(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: George W. Kenly

3.(b) Social Security Number: 717-07-5414

4. Sex	5. Color or race	6.(d) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: Hattie Bellenguault

6.(c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) May 22 - 1883

8. AGE: Years 63 | Months 7 | Days | If less than one day ... hrs. ... min.

9. Birthplace: Perryman Md
(Town, county, and state)

10. Usual occupation: Day Laborer

11. Industry or business: Penn Railroad

FATHER 12. Name: William Kenly

FATHER 13. Birthplace: Perryman Md

MOTHER 14. Maiden name: Sallie

MOTHER 15. Birthplace: Perryman Md

16. Informant: Mrs. Nellie D. Kenly

Address: Perryman Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 2 1947 (month) (day) (year)

Cemetery or crematory: Union M.E.

Location: Aberdeen Md

18. Funeral director: Henry Jarrington Sons

Address: Aberdeen Md

19. Date rec'd by registrar: June 2 1947

Registrar: Nellie D. Kiley

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 29 1946, at 1:42 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...

and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
Cerebral Thrombosis	
Due to: Hypertensive Cardio-Vascular Disease	
Due to:	
Other conditions: Generalized Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: M. Lamey M.D.
Coroner or Medical Examiner or Other

Address: Aberdeen, Md. Date signed 12/29/46

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (937)

CERTIFICATE OF DEATH

12158

Reg. Diat. No. 182

1. PLACE OF DEATH:
County: Harford
City or town: Sharon
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 28 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: County
City or town: (Forest Hill) Sharon (Rural)
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME
Lilburn Leo Martin

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife: Mrs Mary Long Martin
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Aug 2-1894

8. AGE:

Years	Months	Days	If less than one day
52			..... hrs. ..... min.

9. Birthplace: Harford (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business

FATHER
12. Name: Frank Martin
13. Birthplace: Md

MOTHER
14. Maiden name: Annabagen
15. Birthplace: Md

16. Informant: Mrs Mary L Martin
Address: Rocks, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 14/46 (month) (day) (year)
Cemetery or crematory: St Ignatius
Location: Hickory Md
18. Funeral director: Deaver Ford
Address: Bel Air Md

19. 12/13 46 Priscilla Fawwood
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 12 1946 at 8:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from SEPTEMBER 1946, to DEC. 12, 1946
and that I last saw him alive on DEC. 11, 1946

	DURATION
Immediate cause of death: CONGESTIVE HEART FAILURE	3 MONTHS
Due to: CHRONIC MYOCARDITIS	5 YEARS
Due to:	
Other conditions: BRONCHIAL ASTHMA	10 YEARS

(Include pregnancy within 3 months of death)

Major findings of operations: NONE
Date of op.
Autopsy results: NONE
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Robert A. Barthé MD.
M. D. or other
Address: Forest Hill Md Date signed: 12/12/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

12159

IF THIS CORPORATE LIMITS OR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (24-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 185-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: Harford Memorial Hospital

How long in hospital or institution? 5 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Aberdeen Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. 108 New County Road

(If rural, give LOCATION)

2.(a) If veteran, name war: None

3.(a) FULL NAME: NEVILLE C MITCHELL

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of ~~husband or~~ wife: Cassie C. Caporiz

6.(c) If alive, give age: 33 years

7. Birth date of deceased (mo., day, yr.): April 10-1911

8. AGE: Years: 35 | Months: 8 | Days: | If less than one day: ...hrs. ...min.

9. Birthplace: Harford Co. (Town, county, and state)

10. Usual occupation: Butcher

11. Industry or business: Gen General Store

FATHER — 12. Name: Sherlie E. Mitchell

FATHER — 13. Birthplace: Aberdeen Md

MOTHER — 14. Maiden name: Lillian M Courtney

MOTHER — 15. Birthplace: Aberdeen Md

16. Informant: Mrs. John Mitchell

Address: 103 Rogers St. Aberdeen Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 2 - 1947 (month) (day) (year)

Cemetery or crematory: Eagle Hill

Location: Havre de Grace Md

18. Funeral director: Henry Fanning Sons

Address: Aberdeen Md

19. Jan. 2 1947 (Date rec'd by registrar) G. L. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 31 1946, at 5:25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 26 1946, to Dec 31 1946

and that I last saw him alive on Dec 31 1946

Immediate cause of death	DURATION
Pulmonary Edema	
Acute Myocarditis	
Chronic Hepatitis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operation: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. W. Lamey M. D.

M. D. or other

Address: Aberdeen, Md Date signed: 12/31/46

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 190

CERTIFICATE OF DEATH

12578

Reg. Dist. No. 18

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Aberdeen Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 56 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Harford

City or town: Rural Aberdeen Md

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Carsin Run

(If rural, give LOCATION)

2.(a) If veteran, name war: Ww I

3. (a) FULL NAME: John H. Moulsdale

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of ~~husband or~~ wife: Elsie Thompson

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Unknown, 1890

8. AGE: Years: 56? Months: Days: If less than one day: hrs. min.

9. Birthplace: Harford Co. Md.

(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER 12. Name: David Moulsdale

13. Birthplace: Cecil Co

MOTHER 14. Maiden name: Liggie Thompson

15. Birthplace: Harford Co.

16. Informant: Mrs James H. Moulsdale

Address: Aberdeen Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Jan 2 1947 (month) (day) (year)

Cemetery or crematory: Oakes

Location: Aberdeen Md.

18. Funeral director: Henry Fanning Sons

Address: Aberdeen Md.

19. Jan 2 1947 (Date rec'd by registrar) Nellie H Kirby Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Approximately Dec 29 1946 at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...

and that I last saw h... alive on ... 19...

Immediate cause of death	DURATION
(a) alcoholism	
Exposure to Cold	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ... Date of op. ...

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ... Date of ...

Where did injury occur? ... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ...

Means of injury ... Injured at work?

23. SIGNATURE: J H Lamney M.D.

Deputy, medical Examiner M.D. or other

Address: Aberdeen, Md. Date signed 12/31/46

2-35

WITHIN CORPORATE LIMITS — MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (15th)

CERTIFICATE OF DEATH

★ 12160

Reg. Dist. No. 185

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1. PLACE OF DEATH:

County: Harford

City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 min

Hospital, Institution, or street address where death occurred: Harford Mem. Hosp

How long in hospital or institution? 5 min

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Harford

City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)

Street No.:
(If rural, give LOCATION)

2.(a) If veteran, name war: none

3.(a) FULL NAME Baby Girl Myers

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Newborn

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.) 12/1/46

8. AGE:

Years	Months	Days	If less than one day
			hrs. 5 min.

9. Birthplace: Havre de Grace, Harford, Md.
(Town, county, and state)

10. Usual occupation: Newborn

11. Industry or business:

FATHER
12. Name: Michael Edward Myers
13. Birthplace: Virginia

MOTHER
14. Maiden name: Nellie Swain Myers
15. Birthplace: Virginia

16. Informant: Hospital records

Address: Havre de Grace

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 4-1946 (month) (day) (year)

Cemetery or crematory: Grove

Location: Aberdeen Md

18. Funeral director: Heaney Funeral Home

Address: Aberdeen Md

19. 12-3 1946 (Date rec'd by registrar) O. L. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/1 1946 at 10 20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/1 1946 to 12/1 1946 and that I last saw him alive on 12/1 1946

Immediate cause of death	DURATION
Micro cephalic	5 min
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Dudley Shiflin M.D.
M. D. or other

Address: Harford Memorial Date signed: 12/4/46

1-35

121618

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9x0)

CERTIFICATE OF DEATH

Reg. Dist. No. 1508

1. PLACE OF DEATH:

County: Harford

City or town: Edgewood

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Harford

City or town: Edgewood

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 7 Allen Road - Edgewood, Md.

(If rural, give LOCATION)

2.(a) If veteran, name war: W

3. (a) FULL NAME: Rolland D. Myers

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Ruth M. Myers

6.(c) If alive, give age: ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 21, 1883

8. AGE: Years: 63 | Months: 0 | Days: 26 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Hayesville, Ohio (Town, county, and state)

10. Usual occupation: Chemist

11. Industry or business: Edgewood Arsenal

FATHER — 12. Name: Roby A. Myers

FATHER — 13. Birthplace: Unknown

MOTHER — 14. Maiden name: Emma Hull

MOTHER — 15. Birthplace: Hayesville, Ohio

16. Informant: Ruth M. Myers

Address: 7 Allen Rd. Edgewood, Md.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof Dec. 19, 1946 (month) (day) (year)

Cemetery or crematory: Green Mount

Location: Green Mount Ave.

18. Funeral director: Wm. Cook Inc.

Address: 1217 St. Paul St.

19. 12/18/46 (Date rec'd by registrar) A. W. Heduk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 17, 1946, at 8 57 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12-28-45 to 12-17-46 and that I last saw him alive on 12-17-46

Immediate cause of death	DURATION
Coronary occlusion	1 week
Due to: myocarditis	2 yrs
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Fred O Hodous, M.D. (M. D. or other)

Address: Edgewood, Md. Date signed 12-17-46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164)

CERTIFICATE OF DEATH

12162

Reg. Dist. No. 1810

1. PLACE OF DEATH:
County HARFORD
City or town ABERDEEN
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 17 yrs
Hospital, Institution, or street address where death occurred:
B & O RR Crossing
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County HARFORD
City or town ABERDEEN
(If outside city or town limits, write RURAL and give nearest town)
Street No. 10 MARKET ST.
(If rural, give LOCATION)
2.(a) If veteran, name war ✓ World War I

3.(a) FULL NAME JOHN Patrick PENDER

3.(b) Social Security Number 220-22-0469

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6.(b) Name of ~~husband or~~ wife Catherine E. Cashe
6.(c) If alive, give age 35 years

7. Birth date of deceased (mo., day, yr.) August 8, 1892

8. AGE: Years 54 Months 4 Days 1 If less than one day ____ hrs. ____ min.

9. Birthplace New Haven, Conn.
(Town, county, and state)

10. Usual occupation Artillery Ammunition

11. Industry or business U.S. Government, A.P.G.

FATHER
12. Name Unknown
13. Birthplace Conn.

MOTHER
14. Maiden name Unknown
15. Birthplace Conn.

16. Informant Mrs. John P. Pender
Address 10 Market St. Aberdeen

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 12, 1946 (month) (day) (year)
Cemetery ~~or crematory~~ Bakers
Location Aberdeen, Md.

18. Funeral director Henry Tarring & Sons
Address Aberdeen Md.

19. Dec 11 1946 Nellie Z. Riley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 9, 1946, at 1:00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____
and that I last saw h____ alive on ____ 19____

Immediate cause of death	DURATION
Suicide by jumping in front of moving train.	
Partial avulsion of skull — Partial avulsion of both legs at thigh — Partial laceration of trunk at pelvis — Fracture of every major bone in body	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations —
Date of op. ____
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of 12/9/46
Where did injury occur? ABERDEEN (City or town) HARFORD (County) Md (State)
Injured at home, farm, industry, public place (where?) R.R. Crossing
Means of injury Jumped in front of moving train Injured at work? No

23. SIGNATURE J. T. Lamper M.D.
M.D. or other
Address Aberdeen, Md. Date signed 12/9/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

2-35

12163

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 18 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Aberdeen
(If outside city or town limits write RURAL and give nearest town)
How long in above place of death? 10 hours
Hospital, Institution, or street address where death occurred:
208 S. Philadelphia Rd.
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Conn. County:
City or town: Southbury
(If ontside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war: ✓

3.(a) FULL NAME: MARGARET ANNA PIERCE

3.(b) Social Security Number:

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widow
6.(b) Name of husband ~~or wife~~: Samuel J. Pierce
6.(c) If alive, give age: years
7. Birth date of deceased (mo., day, yr.): April 24 1866
8. AGE: Years: 80 Months: Days: If less than one day: hrs. min.
9. Birthplace: Conn (Town, county, and state)
10. Usual occupation: Housework
11. Industry or business:
FATHER 12. Name: J. Walsh
13. Birthplace: Ireland
MOTHER 14. Maiden name: Jefferson Emma
15. Birthplace: Ireland
16. Informant: Mrs. Julia C. Bamforth
Address: 1 South Bury Conn
17. Burial, cremation, or removal. Which?: Removal Date thereof: Dec. 31 - 1946 (month) (day) (year)
Cemetery or crematory: Woodbury
Location: Conn.
18. Funeral director: Henry Fanning Sons
Address: Aberdeen Md
19. Dec. 31 19 46 (Date rec'd by registrar) Nellie H. Riley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 31 19 46 at 6:15 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19..., to ... 19...
and that I last saw h... alive on ... 19...

	DURATION
Immediate cause of death: Acute Congestive Heart Failure	
Due to: Arteriosclerotic Cardio-Vascular disease	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. H. Cannon M.D. Deputy, Medical Examiner or other
Address: Aberdeen, Md. Date signed 12/31/46

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

12164

Reg. Dist. No. 1800

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

1. PLACE OF DEATH:

County: HARFORD

City or town: ABERDEEN, RURAL (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred: HARFORD FURNACE

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: PA County:

City or town: PHILADELPHIA (If outside city or town limits, write RURAL and give nearest town)

Street No. 1617 Westmoreland ST. (If rural, give LOCATION)

2.(a) If veteran, name war: V

3.(a) FULL NAME: FLORENCE LAKE POSSEHL

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6.(b) Name of husband or wife: Arthur W. Possehl

6.(c) If alive, give age: 82 years

7. Birth date of deceased (mo., day, yr.): July 24, 1876

8. AGE: Years: 70 Months: 5 Days: — If less than one day: hrs. min.

9. Birthplace: Ashland Pa (Town, county, and state)

10. Usual occupation: none

11. Industry or business:

FATHER — 12. Name: Warren G Lake

13. Birthplace: Virginia

MOTHER — 14. Maiden name: Hattie Callahan

15. Birthplace: Ireland

16. Informant: Mrs. Marion P. Kerns

Address: Bel Air R D #2 Md

17. Transportation (Burial, cremation, or removal, Which?) Date thereof: Dec 26 1946 (month) (day) (year)

Cemetery or crematory: Wm. H. Battersby Sons

Location: 3316 N. Broad, Phila., Pa

18. Funeral director: Howard K. McCormick Sow

Address: Abingdon. Md

19. Dec 26 1946 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION Approx.

20. DATE OF DEATH: Dec. 24 1946, at 11:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
CORANORY OCCLUSION	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Jos Lammer M. D.

Dep. Medical Examiner C. or other

Address: Aberdeen, Md. Date signed: 12/26/46

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (932)

CERTIFICATE OF DEATH

12165

Reg. Dist. No. 1810

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1. PLACE OF DEATH: - Harford

County.....

City or town.... Rural - Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 month

Hospital, institution, or street address where death occurred:

.....

How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State North Carolina County Beaufort Co.,

City or town Pamptrille

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war None

3.(a) FULL NAME Edward R. Potter

3.(b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name ~~of husband or~~ wife Pamalia Smith

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) February 9th 1879

8. AGE:

Years	Months	Days	If less than one day
67	10		..... hrs. ..... min.

9. Birthplace Lowland N. C.

(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER

12. Name M. Potter

13. Birthplace North Carolina

MOTHER

14. Maiden name Sabdia Credle

15. Birthplace N. C.

16. Informant Mrs. Hazel Potter

Address Havre de Grace R.F.D.

17. Burial Date thereof ..... (month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery ~~or crematory~~ Rockymount, N. C.

Location Washington N. C.

18. Funeral director Henry Tarring & Sons

Address Aberdeen Md.

19. Dec. 27 19 46 Nellie H Riley

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 21 Dec 19 46, at 10 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21 Dec 19 46, to 21 Dec 19 46 and that I last saw h.i.m. alive on 21 Dec 19 46.

Immediate cause of death Cerebral hemorrhage — DURATION 1 day

Due to Hypertensive Heart Disease

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op. .....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Daniel D. Polar M. D. or other

Address 49 Congress Ave Date signed 22 Dec 46

2-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-C)

12166

CERTIFICATE OF DEATH

Reg. Dist. No. 1850

1. PLACE OF DEATH:
County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 9 days
Hospital, institution, or street address where death occurred: Harford Memorial Hosp
How long in hospital or institution? 9 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Harford
City or town: Havre de Grace
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war: World War #2

3.(a) FULL NAME: Ross Ragan

3.(b) Social Security Number: 215-03-8005

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	M

6.(b) Name of husband or wife: Myrtle Ragan
6.(c) If alive, give age: 29 years

7. Birth date of deceased (mo., day, yr.): June 7, 1916

8. AGE: Years	Months	Days	If less than one day
30	6	17	— hrs. — min.

9. Birthplace: Md
(Town, county, and state)
10. Usual occupation: Truck driver
11. Industry or business: driving a truck

FATHER
12. Name: Henry Ragan
13. Birthplace: Md

MOTHER
14. Maiden name: Mary Hanna
15. Birthplace: Penn.

16. Informant: Mrs. Myrtle R. Ragan
Address: Havre de Grace, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 22, 1946 (month) (day) (year)
Cemetery or crematory: Oak Grove
Location: Harford Co.

18. Funeral director: T. Madison Mitchell
Address: Havre de Grace, Md.

19. 12-21 1946 (Date rec'd by registrar) A. L. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12/19 1946 at 6:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12/10 1946 to 12/19 1946 and that I last saw h. alive on 12/19 1946

Immediate cause of death	DURATION
Pulmonary Edema	1 day
Due to: Nephrosis	9 days
Due to: Unknown Etiology	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results: Nephrosis - Fatty Liver & Pulm. Edema
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Dudley Phillips M.D.
M. D. or other
Address: Harford Mem. Hosp. Date signed: 12/19/46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

WITHIN CORPORATE LIMITS OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

12167

Reg. Dist. No. 1857

1. PLACE OF DEATH:

County Harford

City or town Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 37 days

Hospital, institution, or street address where death occurred: Harford Memorial Hospital

How long in hospital or institution? 37 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Harford

City or town Havre de Grace

(If outside city or town limits, write RURAL and give nearest town)

Street No. 120 S. Washington

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Sylvia C. Rimmey

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) 2/12/1887

8. AGE: Years	Months	Days	If less than one day
59	10	4	...hrs. ...min.

9. Birthplace Baltimore Co.

(Town, county, and state)

10. Usual occupation Clerk

11. Industry or business

FATHER

12. Name Samuel M. Rimmey

13. Birthplace Baltimore Co.

MOTHER

14. Maiden name Eliza Hann

15. Birthplace Baltimore Co.

16. Informant Georgie Rimmey (Sister)

Address 120 S. Washington St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/18/46 (month) (day) (year)

Cemetery or crematory Angel Hill

Location Havre de Grace

18. Funeral director Pennington & Son

Address Havre de Grace

19. Dec. 17 1946 (Date rec'd by registrar) C. L. Lewis M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12-16 1946 at 3 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 9 1946, to Dec 16 1946

and that I last saw h... alive on 12-15-46 1946

Immediate cause of death Coronary Occlusion

	DURATION
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. L. Lewis M.D. M. D. or other

Address Havre de Grace Md Date signed 12-17-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

12579

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH:
County: Harford
City or town: Norwalk White Hall R.F.D.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 27 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Harford
City or town: Norwalk Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: MARY ELIZABETH ROGERS

3.(b) Social Security Number: NONE

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6.(b) Name of husband or wife: J. Thomas Rogers
6.(c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Dec. 17 1866

8. AGE:

Years	Months	Days	If less than one day
80	0	1	...hrs. ...min.

9. Birthplace: Harford Co. Md
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business

FATHER
12. Name: William De Moss
13. Birthplace: Emmorton Md

MOTHER
14. Maiden name: Sarah Price
15. Birthplace: Wilna, Md

16. Informant: J. Thomas Rogers
Address: White Hall R.F.D. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 21 1946 (month) (day) (year)
Cemetery or crematory: Mt. Carmel
Location: Emmorton Md.

16. Funeral director: Howard S. Markline
Address: White Hall Md

19 Dec. 21 1946 (Date rec'd by registrar) Thomas R. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 18 1946, at 6:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct. 15 1946 to Dec. 17. 1946 and that I last saw h.r alive on Dec. 17. 1946

Immediate cause of death	DURATION
Cerebral hemorrhage	
Due to: Chr. myocardiotis, chr. arthritis.	
Due to: Pulmonary edema.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: ...Date of op.
Autopsy results: None.
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ...Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: ...Injured at work?

23. SIGNATURE: Norman H. Gemmill M.D.
M. D. or other
Address: Stewartstown, Pa Date signed 12/19/46

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

2 - 35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

12168

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:
County: Harford
City or town: Rural Bel Air
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 13 Mo.
Hospital, institution, or street address where death occurred:
How long in hospital or institution? 13 Mo

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Harford
City or town: Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Fallston
(If rural, give LOCATION)
2.(a) If veteran, name war:

3. (a) FULL NAME: Mary Hemore Bowden

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	Widowed

6.(b) Name of husband or wife: Garrett Thomas Hemore
6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Dec. 25, 1881

8. AGE:

Years	Months	Days	If less than one day
64	11	17	— hrs. min.

8. Birthplace: Va. (Town, county, and state)
10. Usual occupation: House Duties
11. Industry or business:

FATHER
12. Name: Garrett Unknown
13. Birthplace:

MOTHER
14. Maiden name: Unknown
15. Birthplace:

18. Informant: Wm Albert Hemore
Address: Havre de Grace, Md. R.D. #2

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Dec. 15 1946 (month) (day) (year)
Cemetery or crematory: Green Spring
Location: Harford Co. Md.
18. Funeral director: R. Madison Mitchell
Address: Havre de Grace Md.

19. 12/13 1946 Priscilla Fonwood
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 11 1946, at P. M.

C. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 9 1946, to Dec 11 1946
and that I last saw her alive on Dec 9 1946

Immediate cause of death	DURATION
Cerebral Hemorrhage	4 days
Due to	
Due to	
Other conditions: Gen. Arteria-Sclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Willard P. Hudson M. D. or other
Address: Forest Hill, Maryland. Date signed: 12/13/46

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-a

CERTIFICATE OF DEATH

Reg. Dist. No. 12164 18-0

1. PLACE OF DEATH:
County Harford
City or town Joppa Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 year
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Harford
City or town Joppa Rural
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Thomas Howard Stansbury

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife Ada M. Stansbury
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1869

8. AGE: Years	Months	Days	If less than one day
77	4	8	..... hrs. ..... min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business

FATHER 12. Name Thomas Stansbury
13. Birthplace Maryland

MOTHER 14. Maiden name Elizabeth Powell
15. Birthplace ~~Md~~ Maryland

16. Informant Arthur S. Stansbury
Address Joppa Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 31, 1946 (month) (day) (year)
Cemetery or crematory Oak Lawn
Location Baltimore Maryland

18. Funeral director Howard K. McComas
Address Abingdon Maryland

19. Dec 31 1946 (Date rec'd by registrar) Mame M. Mordsdale Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 28 1946, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 8-23 1946, to 12-28 1946 and that I last saw him alive on 12-28 1946

Immediate cause of death	DURATION
Cerebral hemorrhage	36 hrs
Due to	
Due to	
Other conditions hypertension	Years ?

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Fred O Hodous, M.D. M. D. or other
Address Edgewood, Md Date signed 12-28-46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-21)

CERTIFICATE OF DEATH

★ 12170

Reg. Dist. No. 1810

1. PLACE OF DEATH:
County Harford
City or town Aberdeen - Rural
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred: Station Hospital - Aberdeen Proving Ground
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Aberdeen
(If outside city or town limits, write RURAL and give nearest town)
Street No. FHA Dormitory - Dorm # 1 Room # 2
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME MARIE L STENSON

3. (b) Social Security Number 077-10-1393

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife
6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 16 - 1896

8. AGE: Years 49 | Months 11 | Days | If less than one day hrs. min.

9. Birthplace Kingston N. Y. (Town, county, and state)
10. Usual occupation Telephone Operator
11. Industry or business Aberdeen Proving Grounds.
FATHER 12. Name Thomas Stenson
13. Birthplace Kingston N. Y.
MOTHER 14. Maiden name Sarah Medicard
15. Birthplace Kingston N. Y.
16. Informant Miss Helen Stenson
Address Kingston N. Y.
17. Removal (Burial, cremation, or removal. Which?) Date thereof Dec. 3 - 1946 (month) (day) (year)
Cemetery or crematory St. Marys
Location Kingston N. Y.
18. Funeral director Benney Tarring Sons
Address Aberdeen Md.
19. Dec. 3 1946 (Date rec'd by registrar) Nellie H. Riley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 2 1946 at 11:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

	DURATION
Immediate cause of death Cerebral Hemorrhage	
Due to Hypertensive Cardiovascular Renal	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations —
Date of op.
Autopsy results None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J. P. Lawson M.D.
M. D. or other
Address Aberdeen, Md. Date signed 12/2/46

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

1-35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

1217

Reg. Dist. No. 193

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County Harford

City or town R. Street Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 14 yrs.

Hospital, Institution, or street address where death occurred:
Home - Street Md.

How long in hospital or Institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Harford

City or town Street, Md.
(If outside city or town limits, write RURAL and give nearest town)

Street No. None
(If rural, give LOCATION)

2.(a) If veteran, name war —

3.(a) FULL NAME Lucy H. Wilson

3.(b) Social Securily Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6.(b) Name of husband or wife George D Wilson

6.(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) September 1, 1889

8. AGE: Years	Months	Days	If less than one day
57	3	13	3 hrs. 30 min.

9. Birthplace Jarrettsville, Harford, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name John P. Schuster
13. Birthplace Jarrettsville, Md.

MOTHER
14. Maiden name Mary Ellen Hildt
15. Birthplace Jarrettsville, Md.

16. Informant Mrs. Fannie Wilson
Address Street, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 14 1946 (month) (day) (year)

Cemetery or crematory Rockland

Location Street Md

18. Funeral director J. Howard Webb

Address Fawn Grove Pa

19. Dec. 17 1946 (Date rec'd by registrar) Thomas R. Brown Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 14, 1946, at 3:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 15, 1946, to Dec 14, 1946 and that I last saw her alive on Dec 8, 1946

	DURATION
Immediate cause of death Coronary Heart disease with Occlusion	Unknown
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op. None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) — (County) — (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE Charles A. Neff, M.D.
M. D. or other

Address Street, Md. Date signed 12-14-46

1-35